

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 04/15/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 04/17/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8535	313	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM.				
	H/DD/SAS			PLEASE RESUBMIT THE CLAIM WITH				
		8534	115	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	469	469	0
		8536	41	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404904	WESTERN HIGHLAN	8505	335	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		0	0		0	335	365	30
3404910	PATHWAYS	21	339	DUPLICATE OF CLAIM-SYSTEM				
		23	58	SERVICE REQUIRES PRIOR APPROVAL	41	694	6044	5340
		8000	48	NO RATE AVAILABLE ON FILE TO PROVIDER THIS CLAIM DETAIL				
3404912	CATAWBA COUNTYM	8599	2	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	ENTAL HEALT							
		8537	1	PROCEDURE IS NOT PAYABLE FOR YOUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	4	768	764
		4807	1	SERVICE DENIED. UNIT LIMITATION HAS BEEN EXCEEDED FOR THIS SERVICE				
3404913	MECKLENBURG COM	8505	15607	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	877	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	17001	17040	39
		11	167	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404916	CROSSROADS BEHAVIORAL HEAL	8505	138	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	80	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	224	2625	2401
		8534	3	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404917	CENTERPOINT HUMAN SERVICES	8505	4507	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		23	33	SERVICE REQUIRES PRIOR APPROVAL	0	4656	5950	1294
				L				
		5404	29	SEVERE DUPLICATE: SAME ATTD PROCODE/TOS/DOS/MOD				
3404919	GUILFORD CO MENTAL HEALTHC	8505	1534	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				

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		8599	154	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1940	2015	75
		8536	131	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404920	ALAMANCE CASWEL L AREA MH D	21	181	DUPLICATE OF CLAIM-SYSTEM				
		8599	56	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	330	2165	1835
		3411	31	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404921	ORANGE PERSON C HATHAM AREA	5312	1556	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	1476	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	3264	5229	1965
		21	74	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	8505	3261	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	442	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	28	4229	9841	5612
		21	320	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	8536	124	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		3411	55	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	300	2582	2282
		8599	26	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	2331	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	110	DUPLICATE OF CLAIM-SYSTEM	2	2663	5769	3106
		8599	84	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8800	176	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8505	16	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	269	1240	971
		8599	12	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	690	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	694	738	44
		143	1	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				

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3404930	JOHNSTON COUNTY MNTL HLTHC	23	66	SERVICE REQUIRES PRIOR APPROVA L				
		10	63	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	203	2072	1869
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8505	185	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	151	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	37	431	784	353
		8935	26	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404933	SOUTHEASTERN CT R FOR MH/DD	10	123	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		79	9	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	150	255	105
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	8599	450	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	206	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	905	1836	931
		8534	67	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	569	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	578	1569	991
		79	3	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404937	EDGEcombe NASH MNTL HLTH C	21	42	DUPLICATE OF CLAIM-SYSTEM				
		3411	7	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	57	1043	986
		8518	3	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	51	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	29	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	124	1091	967
		8654	26	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				

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3404941	PITT CO MH/DD/S AS CENTER	79	196	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		21	83	DUPLICATE OF CLAIM-SYSTEM	0	379	1540	1161
		8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH UMAN SERVIC	8654	19	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
		8518	7	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	1	28	2122	2094
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404943	ALBEMARLE MENTA L HEALTH CE	191	25	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	18	99	942	843
		8931	14	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	8599	32	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	20	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	2	85	2472	2387
		191	10	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404946	FOOTHILLS AREAM ENTAL HEALT	8505	1065	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		7001	55	EXCEEDS THE ONE PER DAY LIMITA TION	0	1205	1983	778
		8000	38	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404957	TIDELAND MENTAL HEALTH CTR	8599	33	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	9	DUPLICATE OF CLAIM-SYSTEM	5	59	1343	1284
		79	6	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404979	NEW RIVER AREAM H/DD/SA PRO	8534	12	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	17	33	16
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				